

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending March 25th, 2017 - Week 12

All data presented in this report are provisional and may change as additional reports are received



Quick Stats	
Percent of outpatient visits for ILI ¹	0.74% (baseline 1.8%)
Percent of influenza rapid test positive	20.80% (311/1495)
Percent of RSV rapid tests positive	22.51% (52/231)
Percent school absence due to illness ²	2.01%
Number of schools with ≥10% absence due to illness	2
Influenza-associated hospitalizations ³	47/6346 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	112
Influenza-associated pediatric mortality (Cumulative)	0
¹ ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat.	

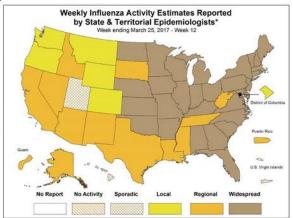
Iowa Influenza Geographic Spread ⁵					
No Activity					
Sporadic					
Local					
Regional					
Widespread					
⁵ This is based on CDC's activity estimates definition <u>www.cdc.gov/flu/weekly/overview.htm</u>					

Iowa statewide activity summary:

Surveillance indicates that influenza activity is decreasing, however cases of influenza continue to be identified in all six regions of the state. For this reporting week, the State Hygienic Laboratory confirmed eight influenza A(H3), five influenza A(subtype pending), one influenza B(Victoria Lineage), eight influenza B(Yamagata Lineage), and five influenza B(lineage pending) viruses from submitted samples. 47 influenzarelated hospitalizations were reported from sentinel hospitals during this reporting week. The proportion of outpatient visits due to influenzalike illness (ILI) was 0.74 percent, which is below the regional baseline of 1.8. In this reporting week, 13 adenovirus, two parainfluenza virus type 2, eight parainfluenza virus type 3, two parainfluenza virus type 4, 42 rhinovirus/ enterovirus, 36 RSV, 22 hMPV and 15 coronavirus were detected from surveillance sites.

National activity summary - (CDC)-Last Updated in Week 12:





* This map indicates geographic spread & does not measure the severity of influenza activity

Synopsis: During week 12 (March 19-March 25, 2017), influenza activity decreased but remained elevated in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 12 was influenza A (H3). The percentage of respiratory specimens testing positive for influenza in clinical laboratories increased slightly.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was above the systemspecific epidemic threshold in the National Center for Health Statistics (NCHS) Mortality Surveillance System.

Influenza-associated Pediatric Deaths: Six influenza-associated pediatric deaths were reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 3.2 percent, which is above the national baseline of 2.2 percent. Eight of ten regions reported ILI at or above their region-specific levels. 10 states experienced high ILI activity; eight states experienced moderate ILI activity; eight states experienced low ILI activity; New York City, Puerto Rico and 24 states experienced minimal ILI activity and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in 31 states was reported as widespread; Guam, Puerto Rico and 12 states were reported as regional; the District of Columbia and five states reported local activity; two states reported sporadic activity; and the U.S. Virgin Islands reported no activity.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/2/2016-current week

International activity summary - (WHO):

Influenza activity in the temperate zone of the northern hemisphere appeared to decrease. Influenza activity in many countries, especially in Europe and East Asia, already peaked. The predominant strain of influenza worldwide is influenza A(H3). Detailed information can be found online at www.who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/. It was last updated 3/20/2017.

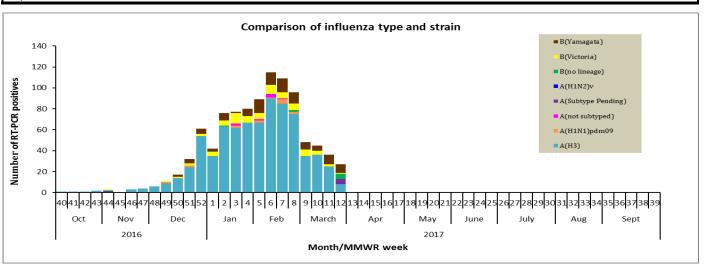
Laboratory surveillance program:

The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: Ir	able 1: Influenza A viruses detected by SHL by age group									
	CURRENT WEEK					CUMULATIVE (10/2/16 – CURRENT WEEK)				
	Flu A					Flu A				
Age Group	A(H1N1)pdm09	A(H3)	A(H1N2v)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	A(H1N2v)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	4(29%)	31(4%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	2(14%)	49(6%)	0(0%)	0(0%)	0(0%)
18-24	0(0%)	0(0%)	0(0%)	3(60%)	0(0%)	0(0%)	113(15%)	0(0%)	3(60%)	1(14%)
25-49	0(0%)	0(0%)	0(0%)	1(20%)	0(0%)	4(29%)	62(8%)	0(0%)	1(20%)	2(29%)
50-64	0(0%)	2(25%)	0(0%)	0(0%)	0(0%)	2(14%)	86(11%)	1(100%)	0(0%)	1(14%)
>64	0(0%)	6(75%)	0(0%)	1(20%)	0(0%)	2(14%)	427(56%)	0(0%)	1(20%)	3(43%)
Total	0	8	0	5	0	14	768	1	5	7

*Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included "Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection.

	CURRENT WEEK			CUMULATIVE (10/2/16 – CURRENT WEEK)		
Age		Flu B			Flu B	
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending
0-4	0(0%)	1(12%)	0(0%)	6(8%)	7(7%)	1(13%)
5-17	1(100%)	1(12%)	0(0%)	29(40%)	27(25%)	1(13%)
18-24	0(0%)	0(0%)	1(20%)	14(19%)	12(11%)	2(25%)
25-49	0(0%)	1(12%)	0(0%)	12(17%)	15(14%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	4(6%)	18(17%)	0(0%)
>64	0(0%)	5(63%)	4(80%)	7(10%)	28(26%)	4(50%)
Total	1	8	5	72	107	8

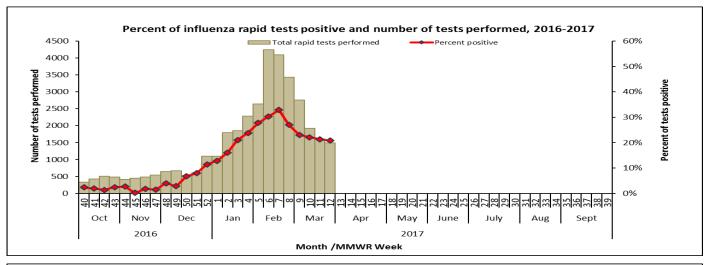


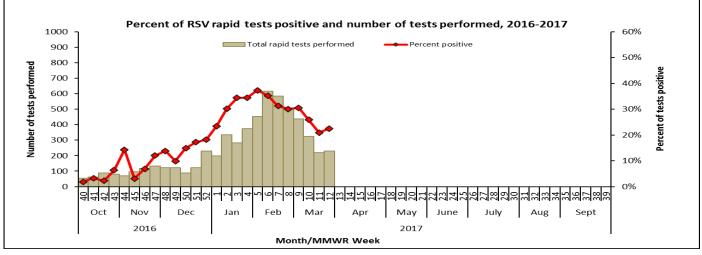
Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week								
REGION*	RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS			
REGION	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive	
Region 1 (Central)	288	40	26	23	28	10	36	
Region 2 (NE)	118	6	13	16	33	7	21	
Region 3 (NW)	232	15	32	20	37	1	3	
Region 4 (SW)	97	10	12	23	5	0	0	
Region 5 (SE)	65	4	18	34	8	4	50	
Region 6 (Eastern)	695	64	71	19	120	30	25	
Total	1495	139	172	21	231	52	23	

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Burren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

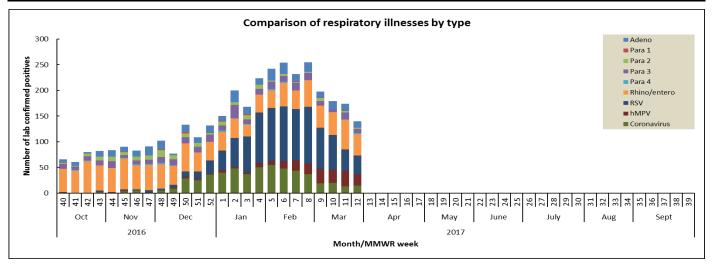




Non-influenza respiratory viruses:

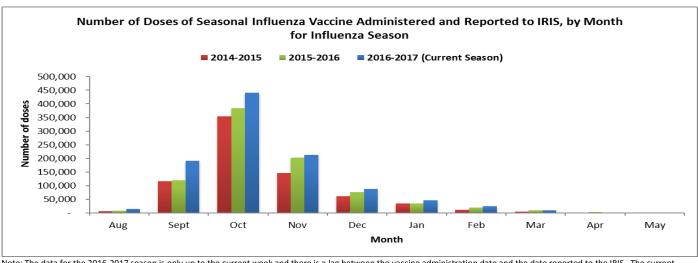
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

Table 4: Number of positive results for non-influenza respiratory virus collected by SHL, Mercy Dunes in Sioux City and Iowa Methodist Medical Center							
Viruses	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)					
Adenovirus	13	329					
Parainfluenza Virus Type 1	0	15					
Parainfluenza Virus Type 2	2	133					
Parainfluenza Virus Type 3	8	275					
Parainfluenza Virus Type 4	2	27					
Rhinovirus/Enterovirus	42	1102					
Respiratory syncytial virus (RSV)	36	982					
Human metapneumovirus (hMPV)	22	201					
Coronavirus	15	542					
Total	140	3606					



Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov.

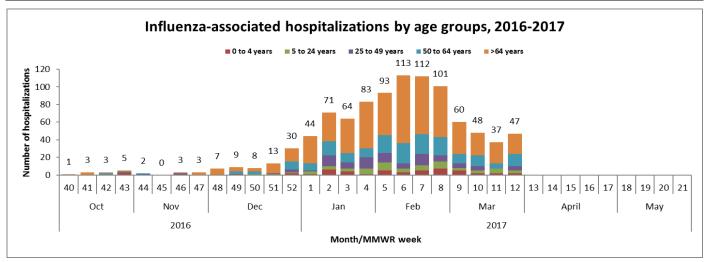


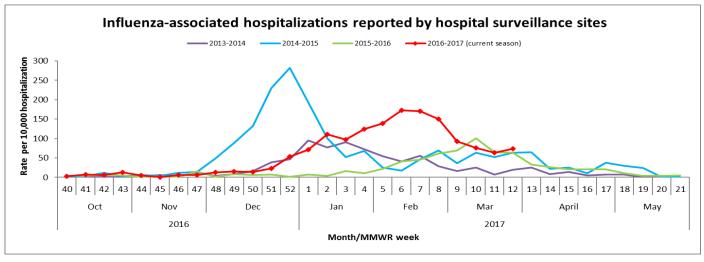
Note: The data for the 2016-2017 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week. Of the 126 hospitals across the state of lowa, 27 sentinel hospitals participate in weekly surveillance of influenza-associated hospitalizations for the IISN. Iowa hospitals interested in joining this surveillance program should contact Scott Seltrecht at 515-281-4985 or Scott.Seltrecht@idph.iowa.gov for more information.

Table 5: Number of influenza-associated hospitalization reported by age group					
AGE	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)			
Age 0-4	2	49			
Age 5-24	3	60			
Age 25-49	5	92			
Age 50-64	14	193			
Age >64	23	566			
Total	47	960			

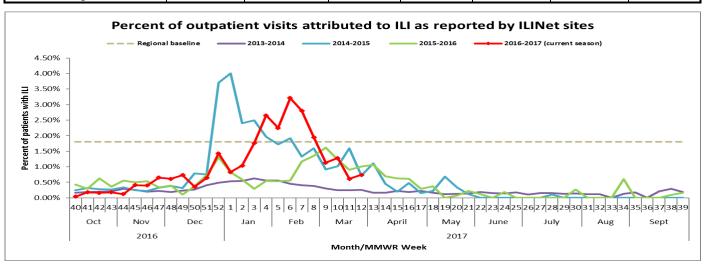




Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Across the state, 17 providers, ranging from family medicine to student health centers, participate weekly in the ILINet program. Iowa health care providers interested in joining this surveillance program should contact Scott Seltrecht at 515-281-4985 or Scott.Seltrecht@idph.iowa.gov for more information.

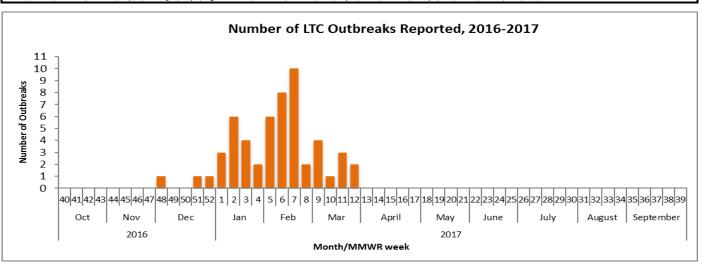
Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 9, ending March 4	1.13	42	3	23	5	7	4
Week 10, ending March 11	1.28	37	7	19	4	1	6
Week 11, ending March 18	0.61	12	3	3	2	2	2
Week 12, ending March 25	0.74	22	4	4	4	5	5



Long-term Care Outbreaks:

REGION*	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)
Region 1 (Central)	2	17
Region 2 (NE)	0	4
Region 3 (NW)	0	7
Region 4 (SW)	0	9
Region 5 (SE)	0	8
Region 6 (Eastern)	0	9
Total	2	54

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Adudbon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamine, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keekuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayner, Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

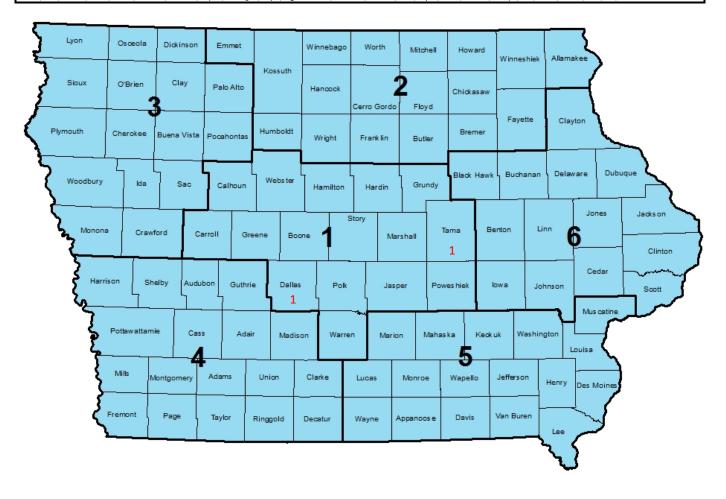


10 percent school absenteeism:

Schools (K-12) track and report outbreaks of influenza-like illness when the number of students absent with illness reaches or exceeds 10 percent of total student enrollment. Regional map with schools that have ≥10% absence due to illness for this current reporting week is displayed below (region numbers in black, number of reporting schools by county in red).

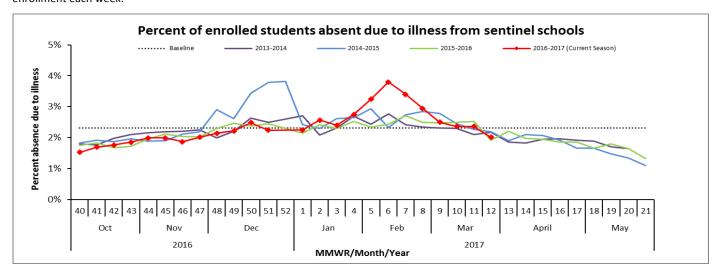
Table 8: Number of schools reporting >10% absenteeism						
REGION*	CURRENT WEEK	CUMULATIVE (10/2/16 – CURRENT WEEK)				
Region 1 (Central)	2	29				
Region 2 (NE)	0	14				
Region 3 (NW)	0	20				
Region 4 (SW)	0	18				
Region 5 (SE)	0	54				
Region 6 (Eastern)	0	48				
Total	2	183				

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright, Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Aldro, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Aplanobubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montowattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanose, Davis, Des Moines, Henry, Lefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.



School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



Other resources:

Vaccine:

Influenza vaccine recommendation: idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: http://vaccinefinder.org/

Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

Missouri: health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php

South Dakota: doh.sd.gov/diseases/infectious/flu/
Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm